



PUBLIC RECORDS REQUEST FORM

YOUR NAME:	PHONE NUMBER:				
ADDRESS:		City:	State:	Zip:	
I hereby certify under penalty of perjury that the requested records will not be used for commercial purpose as defined in ARS §39-121.03					
Your signature:		Date:			
The following information is needed before a records search can be conducted for your information. PLEASE PRINT CLEARLY					
If the record will be used for a commercial purpose, please state that purpose below:					
	(, , , , , , , , , , , , , , , , , , ,				
(Full documents priced individually.) (Copying charges will apply based on page size and color.) Documents requested (please be as specific as possible):					
REQUESTER, PLEASE DO NOT WRITE	TE BELOW THIS	LINE			
Amount received \$ Payment received in form of: Cash	C	Check	Other _		
Employee(s) who filled this request:					
Date request filled: () Picked up by requester on	_ ()Left in r	requester's media	box () Oth	her	
() Enclosed is the record you requested. The record was not edited.					
() Per Arizona Supreme Court guidelines, the attached record has been edited due to confidentiality rights of individuals named within.					
The following information was redacted					
() No record was found based on the information you provided.					
() Other					